Compound odontoma with cystic proliferation. a case report

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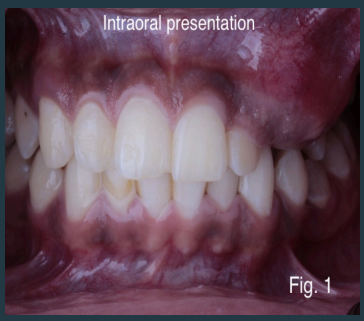
INTRODUCTION

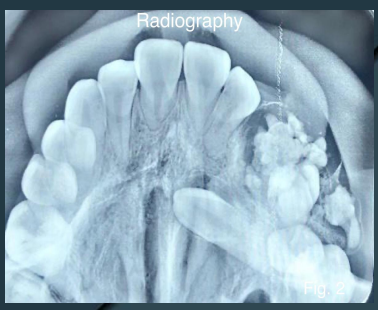
Odontoma is a non aggressive ectomesenchymal tumor of unknown origin that are more considered developmental malformations (hamartomas) than benign neoplasms. They are typically diagnosed during the first two decades of life and have no sex predilection. The etiology is unknown, but genetic mutation in a tooth germ is a possible factor[1,2].

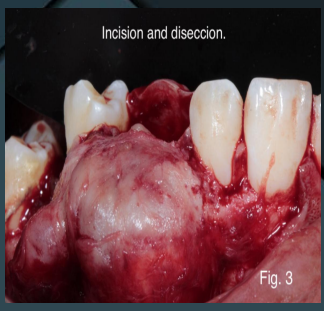
OBJECTIVE

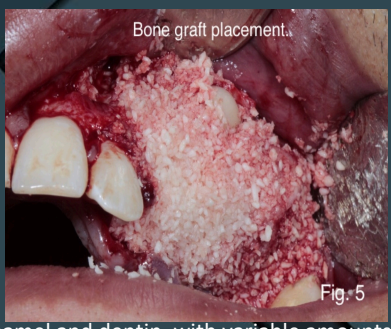
Describe the clinical and management of a compound odontoma with cystic proliferation in a case report.

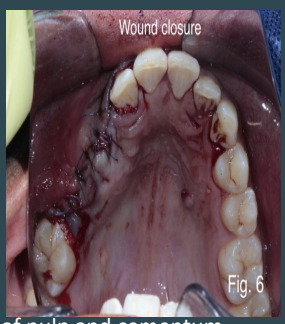
CASE REPORT A 24 years old patient who reports increased volume in the upper left vestibular region (fig.1) with one year evolution and pain, without sistemic diseases. Radiografically was observed a mixed image well definated, causing retention og o.d 23 and 25(fig.2) it was decided to perform enucleation and regeneration with allograft (fig. 5) and diagnosticated like compound odontoma with cystic proliferationin (fig.4) at the clinical for Oral and Maxillofacial Surgery of the Universidad Nacional Autónoma de México.











Histopathology: Consist chiefly of enamel and dentin, with variable amounts of pulp and cementum and cystic proliferation with a final diagnosis of cystic odontoma after two years of evolution without recurrence.

DISCUSSION:

Clinically odontomas are either complex or compound and are classified as: intraosseous: odontomas occurinside the bone and may erupt (erupted odontomas) into the oral cavity and extraosseous: odontomas occurring in the soft tissue overing the tooth bearing portion of the jaws[1-3]. Astekar suggested Complete surgical excision under local anaesthesia, Barnes et al. Suggested an enuclation[2,3]. As a result of their odontogenic nature, including epithelial and mesenchymal tissues, odontomas can develop cystic transformation into a dentigerous cyst. This cyst results from the cystic degeneration of the enamel organ after partial or total development of the crown. These changes are cited as possible, but are rarely seen in clinical practice[1-4].in our case these same characteristics were observed

CONCLUSION:

The treatment for this entity must be the enucleation of the lesion. The association of an odontoma with cystic lesions are rare and should be considered to plan an adequate treatment of these lesions.

CONFLICTS OF INTEREST The authors declare no conflicts of interest

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